

Student Planner Checklist

Name: _____ Program/Degree goal: _____
 Adviser: _____ Date/Time of advising with student: _____

YEAR 1 1 ST quarter	Cr.	2 nd quarter	Cr.	3 rd quarter	Cr.	4 th quarter	Cr.
YEAR 2 1 ST quarter	Cr.	2 nd quarter	Cr.	3 rd quarter	Cr.	4 th quarter	Cr.
YEAR 3 1 ST quarter	Cr.	2 nd quarter	Cr.	3 rd quarter	Cr.	4 th quarter	Cr.
YEAR 4 1 ST quarter	Cr.	2 nd quarter	Cr.	3 rd quarter	Cr.	4 th quarter	Cr.